

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 1/7/05      2 Serial/Patent # 10/520,818

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing (FC 2632 + 0 2641)		01-07-05	\$ 200.00
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT OF REFUND      \$ 200.00

8 TO BE REFUNDED BY:

10 REASON:

☒ Overpayment  
☐ Duplicate Payment  
☐ No Fee Due (Explanation):

Treasury Check  
 Credit Deposit A/C #: 8830322398

Credit Card Refund Total: \$200.00

BT EDO.: XXXXXXXXXXXX2621

*Fee Code Correction*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: B. Campbell

TITLE: \_\_\_\_\_

SIGNATURE: BCC

PHONE: 103 308-9140

OFFICE: PT/DO/EO

Ext 217

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*